[Date]

[Patient/Client Name]
[Address Line 1]
[Address Line 2]

Subject: Notification of Missed Appointment

Dear [Patient/Client Name],

This letter is to inform you that our records show you missed your scheduled appointment on [Date] at [Time] without providing prior notice.

We understand that emergencies occur; however, missed appointments prevent other individuals from receiving necessary services. Our policy requires a minimum of [Number] hours notice for any cancellations or rescheduling.

Please be advised of the following:

- A "No-Show" fee of $[Amount] has been applied to your account.
- Repeated missed appointments may result in a discharge from our services.

If you would like to reschedule, please contact our office at [Phone Number] as soon as possible. If you believe this letter has been sent in error, please let us know immediately.

Thank you for your cooperation.

Sincerely,

[Your Name/Practice Name]
[Phone Number]
[Email Address]